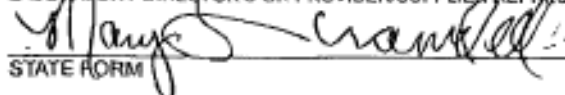


Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE II		STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27810		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This report is of a biennial construction survey done by Bob Getchell on July 1, 2015. This facility was first licensed as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency) on February 01, 1985. Based on this we are requiring the home to be in compliance with the 1984 and the applicable portions of the 2005 Rules (10A NCAC 13G) for the Licensing of Family Care Homes, the 1988 North Carolina Uniform Residential Building Code (Volume I-B), and, the 1978 North Carolina State Building Code - Section 409.1(g) - Residential Care Homes. Deficiencies were noted which will require a new plan of correction.	C 000	<div style="text-align: center;"> CONSTRUCTION SECTION AUG 10 2015 RECEIVED </div>	
C 101	Existing Licensed-No Less than '71 Rules SECTION .0300 - THE BUILDING 10A NCAC 13G .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each family care home shall be applied as follows: (2) Except where otherwise specified, existing licensed homes or portions of existing licensed homes shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation or alteration; however, in no case shall the requirements for any licensed home, where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Family Care Homes", copies of which are available at the Division of Health Service Regulation - Construction Section, 701	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



STATE FORM

5000

KOHW21

TITLE



(X5) DATE

8/10/15

If continuation sheet 1 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE II		STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 101	Continued From page 1 Barbour Drive, Raleigh, North Carolina 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the bathroom door widths are not in accordance with the Licensure Rules in effect when the facility was first licensed. This would make it difficult for any resident using a wheelchair or walker to access the bathroom. Findings include: a) The front bathroom door is only 24 inches wide. b) The back bathroom door is only 24 inches wide. This is not in accordance with the 1984 Family Care Rules which states: "Door width must be a minimum of two feet six inches in the kitchen(s), dining room(s), living room(s), bedroom(s), and bathroom(s)."	C 101	<i>Please see Grandfather clause for this which has been in existence since the 90's.</i>	
C 136	Bathroom-Nonskid In Tub/Showers SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM (f) Nonskid surfacing or strips must be installed in showers and bath areas. This Rule is not met as evidenced by: 1. Based on observation, the shower floors were not maintained safe. Findings include: a) The front shower has no mat or skid strips for slip prevention. b) The back shower has no mat or skid strips for slip prevention.	C 136	<i>m.</i> <i>Shower tub mats were re-placed in all tubs, All rugs were removed from all floor and will not be replaced</i>	<i>7/2/15</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES - AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE II		STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 137	Continued From page 2	C 137		
C 137	<p>Bathroom-Mechanical Ventilation</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0309 BATHROOM</p> <p>(g) The bathrooms shall be lighted to provide 30 foot candles of light at floor level and have mechanical ventilation at the rate of two cubic feet per minute for each square foot of floor area. These vents shall be vented directly to the outdoors.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the bathroom windows were not maintained operable.</p> <p>Findings include: The two bathroom windows have been enclosed in an exit vestibule and are no longer exposed to the outside for ventilation. Provide mechanical ventilation for both bathrooms.</p>	C 137	<p>Window dabs repaired by my handy man and will be check often and quarterly</p>	7/10/15
C 143	<p>Corridor-Free of Obstructions</p> <p>SECTION .0300 - THE BUILDING 10A NCAC 13G .0311 CORRIDOR</p> <p>(c) Corridors shall be free of all equipment and other obstructions.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, egress from all areas was not maintained in a safe manner by having corridors blocked by doors with locking hardware. This would affect all residents by not allowing free egress in an emergency.</p> <p>Findings include: a) The back left exit vestibule has a corridor door, in the path of egress, equipped with locking hardware requiring a key to unlock.</p>	C 143	<p>Key hardware has been Proper Locks for egression</p>	7/2/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE II		STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 143	Continued From page 3 b) The kitchen has a corridor door, in the path of egress, equipped with locking hardware requiring a key to unlock.	C 143		9/2/15
C 151	Laundry Room SECTION .0300 - THE BUILDING 10A NCAC 13G .0313 LAUNDRY ROOM The laundry equipment in a family care home shall be located out of the living, dining, and bedroom areas. This Rule is not met as evidenced by: 1. Based on observation, the clothes dryer exhaust was not maintained operable. Findings include: The backdraft damper on the dryer exhaust duct is broken.	C 151		
C 152	Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This Rule is not met as evidenced by: 1. Based on observation, the floors were not maintained safe. Findings include: Throw rugs and scatter rugs are in use in the house. This is not in accordance with the 1984 Family Care Home Rules which state: "Scatter or throw	C 152	Duct cleaned and replaced Will continue to be checked by staff and handyman. Scatter rugs have been removed 7/12/15	7/12/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE II		STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 152	Continued From page 4 rugs are not to be used."	C 152		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. Based on observation, the exterior building components were not maintained safe. Findings include: a) The back porch railing is missing a spindle.	C 174		
C 180	Building Service Equipment-Call System SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (f) Where the bedroom of the live-in staff is located in a separate area from residents' bedrooms, an electrically operated call system shall be provided connecting each resident bedroom to the live-in staff bedroom. The resident call system activator shall be such that it can be activated with a single action and remain on until deactivated by staff. The call system activator shall be within reach of resident lying on his bed. (j) This Rule shall apply to new and existing family care homes.	C 180	Spindle was repaired And all spindles were redone.	7/30/15

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL092178	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2015
NAME OF PROVIDER OR SUPPLIER ANN'S SUNRISE II		STREET ADDRESS, CITY, STATE, ZIP CODE 404 PARNELL DRIVE RALEIGH, NC 27610		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 180	Continued From page 5 This Rule is not met as evidenced by: 1. Based on observation, the call system was not maintained operable. Findings include: The call system is not working.	C 180	Call bell was repaired by A licensed electrician Staff will check the weekly	8-4/15
C 183	Outside Premises-Clean, Safe SECTION .0300 - THE BUILDING 10A NCAC 13G .0318 OUTSIDE PREMISES (a) The outside grounds of new and existing family care homes shall be maintained in a clean and safe condition. This Rule is not met as evidenced by: 1. Based on observation, the exterior grounds were not maintained safe. Findings include: a) On the left side of the home a truck with a flat tire appears to have been parked for an extended period of time b) On the right side of the home a van, with no license plate, appears to have been parked for an extended period of time.	C 183	Truck has been remove and there will be no unlicense autos left on Premise. Van was moved	7/15/15